

UNITED STATES DISTRICT COURT

Southern

District of

New York

JAMES SCARBOUGH and CHRISTINE
SCARBOUGH

SUMMONS IN A CIVIL ACTION

v.

UNITED STATES OF AMERICA, DEPARTMENT
OF HEALTH AND HUMAN SERVICES, GABRIEL
ZATLIN, MD, THE INSTITUTE FOR URBAN
FAMILY HEALTH, INC. and SIDNEY HILLMAN
FAMILY PRACTICE

CASE NUMBER:

07 CV 6695

JUDGE BAER

TO: (Name and address of Defendant)

UNITED STATES OF AMERICA, 500 Pearl Street, New York, New York 10007
DEPARTMENT OF HEALTH AND HUMAN SERVICES, 330 Independence Avenue, SW,
Room 4760, Wilbur J. Cohen Federal Building, Washington DC 20201
GABRIEL ZATLIN, MD, c/o Sidney Hillman Family Practice, 16 East 16th Street, New York, NY
10003
THE INSTITUTE FOR URBAN FAMILY HEALTH, 16 East 16th Street, New York, NY 10003
SIDNEY HILLMAN FAMILY PRACTICE, 16 East 16th Street, New York, NY 10003

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFFS'
ATTORNEYS (name and address)

HERMAN M. GOLDBERG & ASSOSICATES, LLC
18 East 41st Street, Suite 1500
New York, NY 10017
212-684-4878

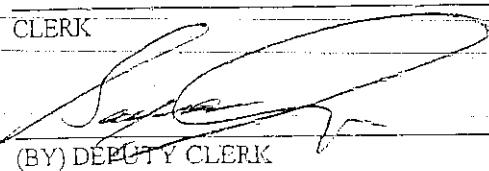
an answer to the complaint which is herewith served upon you, within _____ days
after service of this summons upon you, exclusive of the day of service. If you fail to do so,
judgement by default will be taken against you for the relief demanded in the complaint. You
must also file your answer with the Clerk of this Court within a reasonable period of time after
service.

J. MICHAEL McMAHON

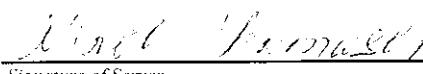
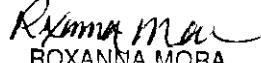
JUL 25 2007

CLERK

DATE


(BY) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	8/8/2007
NAME OF SERVER (PRINT) NINEL YERMASH	TITLE PARALEGAL/LEGAL ASSISTANT	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted: <input checked="" type="checkbox"/> Other (specify): Served via Certified Mail Return Receipt Requested, CMR# 7002 0510 0002 0248 9206. Served upon General Counsel Department of HHS, 200 Independence Ave. SW, Washington, DC 20201.		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>8/14/2007</u> Date	 Signature of Server	
<u>18 East 41st Street, Suite 1507</u> Address of Server <u>New York, NY 10017</u>		
 ROXANNA MORA Commissioner of Deeds City of New York No. 2-12218 Commission Expires April 1, 2009	Sworn before me this 14th day of August, 2007	

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.



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